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PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY **PATENT APPLICATION** TRANSMITTAL

Attorney Docket No. TNX-98-8-01 DAVID THOMAS First Inventor BISPECIFIC MOLECULES CROSS LINKIN TIM AND ITAM FOR THERAPY

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents ADDRESS TO: Box Patent Application			
See MPEP chapter 600 concerning utility patent application contents.		Washington, DC 20231			
1. X Fee Transmittal Form (Submit an original and a dup) Applicant claims sma	licate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. X See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. X Specification (preferred arrangement set	[Total Pages 28]	a. Computer Readable Form (CRF)			
- Descriptive title of	the invention Related Applications	b. Specification Sequence Listing on:			
	ing Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or			
- Reference to sequ		i i. 🔲 paper			
or a computer prog - Background of the	gram listing appendix Invention	c. Statements verifying identity of above copies			
 Brief Summary of 		ACCOMPANYING APPLICATION PARTS			
 Detailed Description 		Assignment Papers (cover sheet & document(s))			
Claim(s)Abstract of the Dis	(s) 37 CFR 3.73(b) Statement Power of				
4. X Drawing(s) (35 U.S.	(With there is an assignee) — Automey				
5. Oath or Declaration	12. Information Disclosure Copies of IDS Citations				
a. Newty executed	d (original or copy)	13. Preliminary Amendment			
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB					
or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other:					
		pply the requisite information below and in a preliminary amendment,			
or in an Application Data Sheet	RT .	of prior application No.: 09 /440,310			
INVENOUN					
Prior application information: Examiner UNKNOWN Group Art Unit: 1041 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.					
The incorporation can only be reli		ertently omitted from the submitted application parts.			
	19. CORRESPON	DENCE ADDRESS			
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Name (Print/Type)	CHERYL A. LILJESTRANI				
Signature	Maril A. Valle	shand Date 3/17/01			

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 674.00

Compl te if Known		
Application Number		
Filing Date	MARCH , 2001	
First Named Inventor	DAVID THOMAS	
Examiner Name	UNKNOWN	
Group Art Unit	1641	
Attorney Docket No.	TNX98-8-01	

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to: Deposit	Large Small				
Account	Entity Entity Fee	Fac Daid			
Number Deposit	Fee Fee Fee Fee Code (\$) Fee Descri	ption Fee Paid			
Account Name	105 130 205 65 Surcharge - late filing fee	or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisio cover sheet	nal filing fee or			
Applicant claims small entity status.	139 130 139 130 Non-English specification	·			
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ea	parte reexamination			
2. X Payment Enclosed: X Check Credit card Money Order Other	112 920* 112 920* Requesting publication of Examiner action	f SIR prior to			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of Examiner action	f SIR after			
1. BASIC FILING FEE	115 110 215 55 Extension for reply withi	n first month			
Large Entity Small Entity	116 390 216 195 Extension for reply within	second month			
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within	third month			
404 740 204 255 Naille Silve See	118 1,390 218 695 Extension for reply within	fourth month			
106 320 206 160 Design filing fee 355.00	128 1,890 228 945 Extension for reply within	ı fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support o	f an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
	138 1,510 138 1,510 Petition to institute a pub	lic use proceeding			
SUBTOTAL (1) (\$)	140 110 240 55 Petition to revive - unavo	idable			
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - uninte	ntional			
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissu	ie)			
Total Claims 36 -20** = 16 x 9 = 144	143 440 243 220 Design issue fee				
Independent Claims 4 - 3** = 1 x 40 = 40	144 600 244 300 Plant issue fee				
Multiple Dependent 135 = 135	122 130 122 130 Petitions to the Commiss	ioner			
	123 50 123 50 Processing fee under 37	CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information	n Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent a property (times number of				
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filling a submission after	final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))	-tion to be			
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional inve examined (37 CFR § 1.				
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued E	xamination (RCE)			
and over original patent	169 900 169 900 Request for expedited e of a design application	kamination			
SUBTOTAL (2) (\$)319.00	Other fee (specify)				
**or number previously paid, if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTO	OTAL (3) (\$)			

SUBMITTED BY				Complete (ii	fapplicable)
Name (PrintlType)	CHERYL A. LILJESTRAND	Registration No. (Attorney/Agent)	45,275	Telephone	(713) 578-4182
Signature	Cheryl Thestrano			Date	3117/01

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